

FORM NO. 1.

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

(1) PLACE OF BIRTH  
County of Musculigne  
Township of Musculigne  
or  
Inc. Town of .....  
City of Sumter  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 2209 Registered No. 163  
(For use of Local Registrar)  
St. .... Ward  
(If child is not yet named, make supplemental report as directed)

File No.—For State Registrar Only  
**11026**

(2) Full Name of Child .....

(3) <input checked="" type="checkbox"/> BOY OR GIRL?	(4) <input checked="" type="checkbox"/> Twin or Triplet? <small>(To be answered only in case of Twins or Triplets)</small>	(5) <input checked="" type="checkbox"/> Number in order of birth	(6) <input checked="" type="checkbox"/> Are Parents Married?	(7) DATE OF BIRTH <u>Apr 19</u> 19 <u>05</u> (Name / Month / Day) (Year)
(8) FATHER. FULL NAME <u>August D. Proff</u>		(14) MOTHER. NAME BEFORE MARRIAGE <u>Drummond May</u>		
(9) PRESENT POSTOFFICE OF FATHER <u># 14 Haysworth</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>14 Haysworth</u>		
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
(12) BIRTHPLACE <u>Walden</u>		(18) BIRTHPLACE <u>W.C.</u>		
(13) OCCUPATION <u>Mill work</u>		(19) OCCUPATION <u>Housework</u>		
(20) Number of children born to mother, including present birth <u>2</u>		(21) Number of children of this mother now living, including present birth <u>2</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born alive at Sumter M.,  
on the date above stated. (Born alive or Stillborn) (Hour A. M. or P. M.)

(23) (Signature) John D. Bill  
(24) State whether Physician or Midwife Physician  
(25) Address of Physician or Midwife Greenville

Given name added from a supplement-  
tal report .....

(26) Witness .....  
(Signature of Witness necessary only  
when question 23 is signed by mark)

(27) Filed May 17 1905 (28) A. H. Mackley  
Registrar Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If  
a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the  
fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY. WITH INK—THIS IS A PERMANENT RECORD.  
N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
FIRST-BORN. No. 1. THE OTHER. No. 2. etc., in question 5.  
McCaw, of Columbia